

PCT**FEE CALCULATION SHEET****Annex to the Request**

For receiving Office use only

PCT/US 05/08282

International Application No.

11 Mar 2005 (11.03.050)

Date stamp of the receiving Office

Applicant's or agent's
file reference

010-0019

Applicant

CLUSTER RESOURCES, INC.**CALCULATION OF PRESCRIBED FEES**1. TRANSMITTAL FEE 300 **T**2. SEARCH FEE 300 **S**

International search to be carried out by

US*(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)*

3. INTERNATIONAL FILING FEE

Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets } **14**
Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets }**i1** first 30 sheets 1211 **i1****i2** x = **i2**
number of sheets in excess of 30 fee per sheet**i3** additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):400 x = **i3**
fee per sheetAdd amounts entered at i1, i2 and i3 and enter total at I 1211 **I***(Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the international filing fee.)*4. FEE FOR PRIORITY DOCUMENT (if applicable) 20 **P**

5. TOTAL FEES PAYABLE 1831

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL**MODE OF PAYMENT**☐ authorization to charge
deposit account (see below)☐ postal money order☐ cash☐ coupons☐ cheque☐ bank draft☐ revenue stamps☒ other (specify): **Credit Card****AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT***(This mode of payment may not be available at all receiving Offices)*☐ Authorization to charge the total fees indicated above.☒ *(This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit)* Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.☐ Authorization to charge the fee for priority document.Receiving Office: RO/ **US**Deposit Account No.: **502960**Date: **March 11, 2005**Name: **Thomas M. Isaacson**Signature: 